



EVENT RELEASE AND WAIVER OF LIABILITY

Event Date/Time: Neck Pain and "What is Tech Neck" Workshop

Registration:

Location: Ivy Rehab (1011 Clifton Ave., 2nd Fl).

Name of Participant: _____ **Date of Birth:** _____ **Sex:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____ **Email Address:** _____

Emergency Contact Name and Phone Number: _____

Beneficiaries of federal health care programs are not eligible to participate in the Event.

MEDICAL HISTORY

Are there any health conditions that might limit your participation in this event? Yes / No. If yes, please list all health conditions: _____

TERMS AND CONDITIONS

The **Neck Pain and "What is Tech Neck" Workshop** is provided by IvyRehab Network, Inc. and its affiliated entities (collectively, "IVY"). The Event is not a physical, occupational or speech therapy treatment intervention or the provision of any other health care service that is required to be provided by an individual licensed or certified by a state licensing board. The provider of the Event will not bill an insurance company for the Event, but may refer you to your own health care professional, if appropriate. Eligibility to participate in the Event is not conditioned upon obtaining other services from the provider of the Event and/or using the provider of the Event for any other service. The Event does not create nor is it intended to create a relationship of patient and provider.

The location of the Event is not allergen-free and the provider of the Event cannot guarantee that when you come to the Event location you will not be exposed to an allergen or any other potential risk(s). The provider of the Event cannot accept responsibility for any death, injury, or other loss suffered or caused by an individual's choice to come to the Event location. Participant assumes all risks associated with, or arising from, participating in the Event. Participant is solely responsible for any adverse health effects from participation in the Event (including, without limitation, any food or beverage consumption, regardless of any allergy, known or unknown, that Participant (and/or, if applicable, the Minor named below) may be exposed to).

I attest that I (and/or, if applicable, the Minor named below) am medically and physically able to participate in the Event. If I experience any doubt as to my (and/or, if applicable, the Minor named below) ability to successfully and safely participate in and/or complete the Event, I take full responsibility for consulting a physician. I attest that, if I (and/or, if applicable, the Minor named below) am pregnant, disabled in any way, or have recently suffered an illness, injury, or impairment, I (and/or, if applicable, the Minor named below) should have or did consult a physician prior to participating in the Event. I acknowledge and understand that in the event of injury to me (and/or, if applicable, the Minor named below), the Releasees are in no way responsible or liable for assisting in any way with obtaining medical treatment.

Participant will hold IVY harmless if Participant's personal belongings are lost, stolen or damaged as a result of participating in the Event.

Participant hereby releases, waives, discharges and covenants not to sue the provider of the Event, its members, officers, directors, employees and agents, and their respective heirs, executors, administrators successors and assigns (the "Releasees"), with respect to any and all actions, causes of action, claims, demands, liabilities, losses, costs (including attorneys fees) or damages (collectively, "Losses") resulting from or related to my participation (and/or, if applicable, the participation of the Minor named below) in Event, including, without limitation, Losses arising from the actual or alleged negligent acts or omissions of Releasees. Participant further agrees to indemnify and hold Releasees harmless from any Losses in the event that any lawsuit is commenced or threatened against them or any one of them.

By my signature below, I acknowledge that I have completely read, fully understand, and agree to the terms, conditions, and content in this form; I certify that I am not a federal health care program beneficiary and that my participation in the Event is not conditioned upon obtaining other services from the provider of the Event and/or using the provider of the Event for any other service; and I consent to participation in the Event.

Signature of Participant: _____ **Date:** _____

PHOTOGRAPHY AND WEBSITE RELEASE

Participant (and/or, if applicable, the Minor named below) does hereby consent to allow IVY, to use, re-use, utilize and disclose to the general public at large my (and/or, if applicable, the Minor named below) testimonial, verbal or written statements, quotes, likeness, photographs, video-recorded images, audio recordings, voice, name, pictorial images, biographical information, and/or other likeness of myself (collectively, "Likeness") in any internal and external media, including, without limitation, television, radio, newspaper, Internet, publications, billboards, signs, websites, and social media accounts in conjunction with IVY business efforts, marketing, advertising, promotional activities, publicity, materials, and/or programs (collectively, "Use of Likeness"), regardless of the chosen medium for Likeness and Use of Likeness.

I (and/or, if applicable, the Minor named below) do hereby acknowledge that I (and/or, if applicable, the Minor named below) will not receive any payment or other consideration for IVY's Use of Likeness, and I (and/or, if applicable, the Minor named below) do hereby further acknowledge that all such Use of Likeness, in whatever medium, is and shall remain the property of IVY.

I (and/or, if applicable, the Minor named below) do hereby acknowledge that I (and/or, if applicable, the Minor named below) have the right to revoke this consent at any time by sending a dated and signed letter stating that I (and/or, if applicable, the Minor named below) revoke this consent to the Marketing Department at IvyRehab Network, Inc., 1311 Mamaroneck Avenue, Suite 140, White Plains, New York, 10605. I (and/or, if applicable, the Minor named below) understand that if I (and/or, if applicable, the Minor named below) choose to revoke this consent it will become effective on the day of the revocation of the consent, and any prior Likeness or Use of Likeness will not be subject to the revocation of the consent. I (and/or, if applicable, the Minor named below) understand that IVY will use its best effort to remove Likeness and Use of Likeness from the applicable media, but fully understand that IVY makes no guarantee of complete removal therefrom.

I (and/or, if applicable, the Minor named below) do hereby waive my right to inspect, review, and/or approve IVY's Use of Likeness, and do hereby consent to allow IVY to use and subsequently reuse Likeness in materially the same form in the media of IVY's choice, in its sole and absolute discretion.

I (and/or, if applicable, the Minor named below) do hereby release and forever discharge IVY and its officers, directors, shareholders, members, partners, agents, employees, subsidiaries, affiliates, related organizations, successors and assigns, of and from any and all manner of actions, causes of action, suits, proceedings, accounts, controversies, agreements, promises, damages, judgments, executions, claims and demands whatsoever, regardless of source or nature, whether known or unknown, in law or in equity, against them or any of them, arising out of or in any way related to Likeness, Use of Likeness, and this Consent to Use of Likeness.

Signature of Participant: _____

Date: _____

IF THE PARTICIPANT IS UNDER 18 YEARS OF AGE, THE SIGNATURE OF THE PARENT/LEGAL GUARDIAN BELOW IS REQUIRED:

By my signature below, I attest that I am in fact the Parent or Legal Guardian of the below-named Minor participant(s). I hereby give my approval to the below-named Minor's participation in the Event. I certify that the below-named Minor is not a federal health care program beneficiary and that the Minor's participation in the Event is not conditioned upon obtaining other services from the provider of the Event and/or using the provider of the Event for any other service; and I consent to the below-named Minor's participation in the Event. I attest that the below-named Minor participant(s), is under eighteen (18) years of age as of the date of the Event, he or she will be accompanied by an adult eighteen (18) years of age or older throughout the entirety of his/her participation in the Event.

Minor's Full Name: _____ Parent/Legal Guardian Initials: _____

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Minor's Full Name: _____ Parent/Legal Guardian Initials: _____

Signature of Parent/Legal Guardian: _____

Date: _____